

**Testimony
of
Harvey Peterson, Commander
American Legion, Department of North Dakota**

**To Senator Kent Conrad
"Senate Budget Committee Hearing on "the State of Veterans Healthcare in ND"
and "Views of VA Funding Levels from ND Veterans Organizations."**

Senator Conrad, distinguished guests fellow veterans and friends.

We thank you for scheduling this hearing and appreciate the opportunity to share our views.

My assignment today, taken from the message I received, is to "talk about the Legion's national perspective on funding levels".

I represent almost 20,000 veterans in North Dakota veteran members of the American Legion, Department of North Dakota. Our membership represents approximately 40% of the 50,000 + eligible wartime veterans in North Dakota. Nationwide, the American Legion claims about 2.8 million members. Taken with the Legion Auxiliary and, more recently, the Sons of the American Legion, our numbers swell to something in excess of 4 million members.

The American Legion is a Service Organization, as are the other Military Organizations. We were founded in 1919 to care for returning veterans who could not care for himself or his family. The Legion has maintained to this day its 4 core pillars of Care of Veterans, promoting a Strong National Defense, Mentoring through our very successful Youth Programs and teaching, living and promoting Patriotism

The care of veterans, the reason the Legion was founded, has become in large measure the responsibility of the Department of Veterans Affairs and or our Social Services system, including Social Security. And for that we are grateful because of the huge resources available to those systems through federal funding which could not otherwise be provided.

But when Congress fails to fund those organizations, it is community-based groups – The American Legion, and the others here, that address the personal challenges at home through volunteer services or direct financial contributions. The American Legion provides assistance in any manner we can including providing assistance to the families of deployed warriors through our Heroes to Hometowns Program. And we will continue to promote the ever increasing support needed for those who defend our country and our way of life.

You were provided the Legion's National perspective on funding in prior testimony from The American Legion, both in September by National Commander Conatser, and more recently, on January 30, 2008, by Jimmie Foster, chair of the Legion's Legislative Commission. Much of what I have prepared either mirrors or comes from their testimony but with a North Dakota slant.

We are grateful for the action of the 110th Legislature for finishing the FY 2007 VS budget with an increase. In addition, the FY budget for many accounts meets or exceeds funding levels proposed by The American Legion. We thank you again for the specific increase you were responsible for obtaining earlier this year and also for your leadership and commitment in the expansion of the CBOC system in North Dakota.

I'm sure you have been contacted by many people about the state of VA Health Care in North Dakota. And like the rest of us, you hear primarily from those either pleased or disappointed. Those I speak to are mostly very positive about the **quality of care** they receive, but the process involved leaves many with an opposite opinion of the VA system - in particular those caught up in the backlog of pending cases, rating decisions and appeals. The hiring of additional personnel will, in time, help alleviate this backlog but that is some time down the road. In the meantime, the number of those who return from war zones continues to increase so there is concern that the backlogs will never be addressed.

The enlarged CBOC network is a real asset and they continue to see an increased number of cases. For many veterans, the VA remains their only health care option. The CBOC's as you are aware, provide only routine care. Travel and accessibility to follow up care at VA Regional hospitals remains an issue.

As rural as we are, transportation is, and most likely will continue to be, an increasing problem as the age and ability of veterans and dependents to drive become more challenging and, quite frankly, unsafe and not particularly expeditious. A recent example is that of an 85 year old veteran who had to travel 380 miles, one way, for a colonoscopy. At about the same time, a 50 year old veteran, also needing a colonoscopy, had his procedure authorized by the VA Hospital in Fargo to have it done locally. There needs to be some consistency in cases like these.

The van system is a vexing problem because of distance and time – it is certainly cheaper than individuals traveling alone, plus a driver is provided. Time also often becomes a problem because of the miles, departure and return schedules and overnight stays. Our vans run from Stanley at 5:30 AM on scheduled dates and from Bismarck as well, also on scheduled dates. Departure times, return schedules and overnight stays are all issues for those who use the system.

Veterans in western North Dakota who use the MT VA health care system at Ft Harrison in Helena must travel to Billings (over night stay), travel to Helena for a late appointment (overnight stay), and travel back to Billings (over night stay), then back home. This, as you can envision, can be a real challenge to the elderly who often do not have family or friends able to take a minimum of 3 days off of work to drive them to appointments. For specialty care one veteran traveled on a 16 hr bus ride to the VA in Salt Lake City. Why not provide more funding to do specialty care locally rather than send an 82 year old man on a 16 hr bus ride to Salt Lake City for a shot in the eye for Macular Degeneration? We recognize the limitations to providing specialty care in rural areas. However, the use of increased local care deserves more serious consideration.

Fuel prices are likely to continue to increase – what goes up when it comes to prices (and taxes!) do not necessarily come down! Travel to appointments will be more expensive in the future. It is our opinion that contract services for those medical conditions for which it is appropriate, must be encouraged. Further, VA and Medicare cooperation must also be encouraged – even if it takes a legislative "shove" from Congress!

War is not a civilized event. Warriors are trained to fight as cohesive units whose objective is to kill when necessary. They become more than a Band of Brothers, they become willing to die for one another and often do. Upon discharge they want to get back to civilian life as quickly as they can, only to enter an environment and deal with people, even their own family, who have not had the same experiences and who do not understand their situation. As a result, the number of Homeless Veterans continues to increase and is a particularly serious problem among veterans, even in North Dakota. This seems a very unsatisfactory result of dedicated service to our nation. The American Legion strongly supports funding the Grant and Per Diem Program as well as The Homeless Veterans Reintegration Program (HVRP) for continued care of the homeless. More time and resources need to be expended in the diagnosis and treatment of those subject to later problems including suicide, alcoholism and homelessness.

Warrior Transition Units need to be fully funded and fully staffed. Physical Evaluation Board and the Medical Evaluation Board process needs to be reviewed. We have lobbied for a seamless transition from DOD to VA to include applying for VA Benefits and receiving them without a gap in pay upon discharge from the military.

Almost every week many Posts are called upon to assist a veteran in need of assistance. Some Posts provide an emergency fund to purchase fuel, food, tire repair, a motel room or whatever is necessary. Most asking for help are people on the move – especially those we assist in western North Dakota who are traveling on the Interstate system. In most situations that is all we are called on to do. For others, there are bigger issues including the constantly homelessness.

Education benefits

The American Legion supports legislation that will allow members of the Reserve Components to earn credits for education while mobilized, as active-duty troops can now do, and be able to use those credits after they leave military service. Two of the top priorities of any veterans' education legislation are equity and portability of benefits. However, it is also clear that the current dollar value of benefits must be increased to meet the greater costs of today's higher education.

The American Legion recommends that the dollar amount of the entitlement should be indexed to the average cost of college education including tuition, fees, textbooks and other supplies for commuter students at an accredited university, college or trade school for which they qualify and that the educational cost index should be reviewed and adjusted annually. The American Legion also supports a monthly, tax-free subsistence allowance indexed for inflation as part of the educational assistance package.

As I have spoken with educators the one issue they face is the same as health care – that of the time - required processing applications and getting students started in their course of study in a timely manner. One spoke of students who started a semester on the promise of pending educational benefits only to be forced to drop out when that funding did not arrive in a timely manner. That backlog of applications must be addressed so that those who are entitled to the benefit can use them without delay or forced out of school.

Limitation of Benefits

The American Legion is opposed to an enrollment policy that disallows any eligible veteran, who was prepared to give their life for this country, access to VA Health Care. Honorable military service, one hitch or for a career, is a defining portion of one's life. Further, to allow some access simply because they were enrolled prior to a cut-off date while excluding all others is decidedly unfair and un-American. All who served honorably were promised, earned and deserve access to probably the finest health care system in the world.

According to VA, the number of Priority Group 8 veterans denied enrollment in the VA health care system at the end of FY 2007 was 386,767. The American Legion believes this number is significantly higher because it does not include those veterans who have not attempted to use the VA because they are aware of the suspension. Denying earned benefits to eligible veterans does not speak highly of a system that continues to recruit an all volunteer force.

Since Operation Enduring Freedom and Iraqi Freedom began, over 4,300 Americans have been killed in action in Iraq and Afghanistan and over 30,000 have been wounded in action. Of those wounded, over 14,000 did not return to duty. Caring for our military and ensuring good quality-of-life for the service member and the family is part of the ongoing cost of war and national security. A recent survey of troops returning from one state shows that at least one-quarter of them meet the diagnostic criteria for post-traumatic stress disorder (PTSD). Further, nearly 70,000 of the more than 1.3 million troops who served in the two war zones are collecting disability for tinnitus. That is in addition to the more than 58,000 veterans who are on disability for hearing loss. This nation's veterans have never let this country down; it is time Congress do its best not to let them down.

Mandatory Funding of VA Medical Care

The American Legion believes that mandatory funding for veterans' health care is an absolute necessity. Both the current policies including the means test and refusal of service to category 8's are unacceptable methods to make the budget provided stretch to provide for those who did get into the system. We believe that the VHA's recurring fiscal difficulties will be resolved only when veteran health care is a high priority and the level of funding required becomes a mandatory appropriation item in order to guarantee VA health care funding for all eligible enrollees. Perhaps then it will be a patient-based, rather than a budget-driven, annual appropriation.

Research

The current conflicts have brought attention to a problem that has either been unrecognized or ignored. That is the one now recognized as traumatic brain injury (TBI). It is very likely that tens of thousands have had similar injuries but since the symptoms mirror some very common situations such as sleeplessness, it has not been truly identified or a treatment regimen determined. The American Legion strongly supports increased funding research in this area and in others such as prosthetics, environmental exposure and Gulf War Syndrome where we need more and better information on diagnosis and treatment.

Medicare Reimbursements

The American Legion supports allowing Medicare reimbursement to VHA to pay for the treatment of allowable, nonservice-connected medical conditions of enrolled Medicare-eligible veterans. Veterans contribute to the Medicare Trust Fund without choice, throughout their working lives – including the time served on active-duty!

Currently the VA is prohibited from collecting Medicare reimbursements for the treatment of allowable, nonservice-connected medical conditions. Since over half of VA's enrolled patient population is Medicare-eligible, this prohibition constitutes a multi-billion dollar annual subsidy to the Medicare Trust Fund. We ask for the return of that through Medicare reimbursements which would return the resources to the VHA that provides the services.

CONCLUSION

In concluding my remarks today I reiterate that much remains to be resolved. The Legion continues to ask for increased funding in all areas of concern especially:

1. travel support for those who need to travel
2. rural specialty care
3. research on PTSD, TBI and other difficult areas resulting from military service
4. care of homeless veterans
5. more efforts in mental screening including identification and treatment of those suicidal
6. efforts to alleviate the backlog of claims and to expedite future claims
7. enhanced educational benefits and providing more timely processing of their benefits
8. enhanced funding so that all who have served honorably can have access to VA health care
9. elimination of current policies to limit access to category 8's and using the means test to further limit access to deserving veterans
10. develop a means whereby Medicare and the VA can cooperate for the good of the veterans, not for the good of the systems.

I again express the appreciation from the Legion "Family" of veterans, Auxiliary and Sons of the American Legion for scheduling this opportunity to share our concerns and views, for your dedicated and successful efforts in the support of care of veterans. It is through your tireless efforts and that of those like yourself that there is as much available as currently exists.